COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER 19603/1552 (CRF D-2052B)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

	DNA CC	ONSTRUCT TO CONFER MU	LTIPLE TRAITS ON P	LANTS
the spe	cification of which	(check only one item	below):	
[x]	is attached hereto			
[]	Serial No	d States application		
	on and was amended on			(if applicable).
[]	Number	nternational applica	tion	
	on			(if applicable).
I herek specifi	ications, including	the claims, as amende	ed by any amendment	
this ar	oplication in accord	ance with Title 37,	Code of Federal Reg	to the examination of gulations, § 1.56(a).
foreign applica and hav certif	n application(s) for ation(s) designating we also identified b icate or any PCT int	patent or inventor's at least one country below any foreign app	s certificate or of y other than the Unication(s) for par on(s) designating a on the same subject	t matter having a filing
	FOREIGN/PCT APPLICAT	rion(s) AND ANY PRIOR	ITY CLAIMS UNDER 3	5 U.S.C. 119:
(IF PC	COUNTRY T, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
	U.S.A.	60/035,350	19 FEB 1997	[X] YES [] NO
	U.S.A.	60/062,870	21 OCT 1997	[X] YES [] NO
				[] YES [] NO
				[] YES [] NO
	-			[] YES [] NO
				[] YES [] NO
	·			[] YES [] NO
				[] YES [] NO
				[] YES [] NO

COMBINED DECLARATION FOR PATENT
APPLICATION AND POWER OF ATTORNEY (Continued)
(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

19603/1552 (CRF D-2052B)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT International filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:

U.S. APPLICATIONS			STATUS (Check One)				
U.S. APPLICATION NUMBER		U.S. FILING DATE		PATENTED	PENDING	ABANDONED	
PCT APPLI	CATIONS DESIGNAT	ING THE	U.S.				
PCT APPLICATION NO.	PCT FILING DATE		SERIAL NUMBERS GNED (if any)				
\J							

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. Michael L. Goldman, Reg. No. 30,727, Karla M. Weyand, Reg. No. 40,223, Peter Rogalskyj, Reg. No. 38,601

send	Correspondence to: Michael L. Goldman
\$	Nixon, Hargrave, Devans & Doyle LLP
	Clinton Square, P.O. Box 1051
15 mg/	Rochester, New York 14603

Direct Telephone Calls to: (name and telephone number) Michael L. Goldman (716) 263-1304

	Rochester, New York 14603			(71	5) 263-1304	
u	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME Sheng-Zhi		SECOND GIVEN NAME	
2 0 1	RESIDENCE & CITIZENSHIP	CITY Ellisville	STATE/FOREIGN COUNTRY Missouri		COUNTRY OF CITIZENSHIP China	
T ; "	POST OFFICE ADDRESS	P.O. ADDRESS 2325 Crimson Court	CITY Ellisville		STATE & ZIP CODE/CTRY Missouri 63011	
	FULL NAME OF INVENTOR	FAMILY NAME Gonsalves	FIRST GIVEN NAME Dennis		SECOND GIVEN NAME	
2 0 2	RESIDENCE & CITIZENSHIP	CITY Geneva	STATE/FOREIGN COUNTRY New York		COUNTRY OF CITIZENSHIP United States	
2	POST OFFICE ADDRESS	P.O. ADDRESS 595 Castle Street	CITY Geneva		STATE & ZIP CODE/CTRY New York 14456	
٧.	FULL NAME OF INVENTOR	FAMILY NAME Jan	FIRST GIVEN NAME Fuh-Jyh		SECOND GIVEN NAME	
2 0 3	RESIDENCE & CITIZENSHIP	CITY Ithaca	STATE/FOREIGN COUNT	rry	COUNTRY OF CITIZENSHIP Taiwan	
3	POST OFFICE	P.O. ADDRESS 134 Graham Road,	CITY		STATE & ZIP CODE/CTRY	
	ADDRESS	Apt. 4-A3	Ithaca		New York 14850	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
UNSIGNED	UNSIGNED	UNSIGNED
DATE	DATE	DATE

ATTORNEY'S DOCKET NUMBER

19603/1552 (CRF D-2052B)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

believe I evention	entitled:		er which is claimed and for v	which a patent is sought on the
ne specif	ication of which (check only or	ne item below):		
[]	is attached hereto.			
[X]	was filed as United States Pon February 18, 1998. and was amended on		09/025,635	
[]	was filed as PCT Internation			
50 Table 60 Table 60 Table	and was amended under PC on	1 Article 19 (if applicable).		
hereby s	state that I have reviewed and u	inderstand the contents of the above.	ne above-identified specificat	tions, including the claims, as
nventor' below an application	d have also identified below ar	rnational application(s) des by foreign application(s) for country other than the United	ignating at least one country patent or inventor's certifica I States of America filed by r	other than the United States listed
PRIOR F	OREIGN/PCT APPLICATIO	N(S) AND ANY PRIORIT	Y CLAIMS UNDER 35 U.S.	
(IF	COUNTRY PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
	U.S.A.	60/035,350	19 FEB 1997	[X] YES [] NO
	U.S.A.	60/062,870	21 OCT 1997	[X] YES [] NO
-				[]YES[]NO
				[]YES[]NO
		-		[]YES[]NO
-				[]YES[]NO
				[]YES[]NO,*
				[]YES[]NO

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Continued) (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER 19003/1552 (CRF D-2052B)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT International filing date of this application:

	U.S. AF	PPLICATIONS		STATUS (Check One)				
U.S. APPLICATION NUMBER U.			U.S. FILING DATE	PATI	ENTED	PENDING	ABANDONEI	
		CATIONS DESIGNATING						
PCT PCT APPLICATION NO. FILING DATE		U.S. SERIAL NUMBERS ASSIGNED (if any)	NUMBERS		·			
ppli 0,72	ation and transact a 7, Karla M. Weyar	Y: As a named inventor, I had business in the Patent and and, Reg. No. 40,223, Peter I	Trademark Office connec	cted there	with. Mic	hael L. Goldm	an, Reg. No.	
Send	_	Michael L. Goldman Nixon, Hargrave, Devans Clinton Square, P.O. Box Rochester, New York 140	1051		(name an	elephone Calls ad telephone nu L. Goldman 3-1304		
The state of	FULL NAME OF INVENTOR	FAMILY NAME Pang	FIRST GIVEN NA Sheng-Zhi	ME	SECOND GIVEN NAME		Æ.	
0	RESIDENCE & CITIZENSHIP	CITY Ellisville	STATE/FOREIGN Missouri	CTRY COUNTRY OF C		RY OF CITIZE	ITIZENSHIP	
	POST OFFICE ADDRESS	P.O. ADDRESS 2325 Crimson Court	CITY Ellisville	STATE & Missouri		& ZIP CODE/CTRY i 63011		
and and	FULL NAME OF INVENTOR	FAMILY NAME Gonsalves	FIRST GIVEN NA Dennis	FIRST GIVEN NAME Dennis		SECOND GIVEN NAME		
2 0 2	RESIDENCE & CITIZENSHIP	CITY Geneva	STATE/FOREIGN New York	STATE/FOREIGN CTRY New York		COUNTRY OF CITIZENSHIP United States		
	POST OFFICE ADDRESS	P.O. ADDRESS 595 Castle Street	CITY Geneva		STATE & ZIP CODE/CTRY New York 14456		CTRY	
	FULL NAME OF INVENTOR	FAMILY NAME Jan	FIRST GIVEN NA Fuh-Jyh	ME	SECONI	SECOND GIVEN NAME		
2 0 3	RESIDENCE & CITIZENSHIP	CITY Ithaca	STATE/FOREIGN New York	CTRY	CTRY COUNTRY OF CITIZENSHIP Taiwan		ENSHIP	
	POST OFFICE ADDRESS	P.O. ADDRESS 134 Graham Road,	CITY		STATE & ZIP CODE/CTRY		CTRY	
		Apt. 4-A3	Ithaca		<u> </u>	rk 14850		
belie like s	f are believed to be to made are punisha	statements made herein of my true; and further that these st ble by fine or imprisonment, ents may jeopardize the valio	atements were made with or both, under section 10	the knov 001 of Tit	vledge that le 18 of the	willful false st United States	atements and the	
	NATURE OF INVE		GNATURE OF INVENT			TURE OF INV	ENTOR 203	
DAT	EAMIL	199 DA	TE ami 23	1998	DATE	10 1 22	1/100/2	